

# HIGHER EDUCATION GRANT PROGRAM

## THREE AFFILIATED TRIBES

307 5TH AVE

NEW TOWN, ND 58763

PHONE: (701) 627-4112

(888) 234-2384 FAX: (701) 627-2295

### FINANCIAL NEEDS ANALYSIS FORM

Martha Hunter  
Education Scholarship Officer

Melissa Everett  
Assistant Scholarship Officer

Tribal Affiliation \_\_\_\_\_

#### Part I

##### TO BE COMPLETED BY THE STUDENT

1. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip Telephone Number

2. Year in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Please send me the necessary application for applying for college administered financial aid. The TAT office will need additional financial aid information as listed in Part II before any action can be taken on my application. When the necessary information is on file in our office, please complete and forward Part II or a similar form to the above address.

All students are requested to apply for other sources of funding available through the Financial Aid Office.

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Part II

##### TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Applications Request:  
20\_\_ 20\_\_

This student has applied to the TAT Higher Education Office. Verified financial need information is needed through your office before we can take action on this application. We will appreciate your assistance if you would complete and forward this form or a like form to the above address. Thank you for your assistance.

Budget Period: From \_\_\_\_\_ To \_\_\_\_\_ Which will start on (date): \_\_\_\_\_

This student is considered:  Independent  Dependent

Cost of Attendance ----- \$ \_\_\_\_\_

Parental Contribution _____	S.E.O.G. _____	Tuition _____
Student Contribution _____	PELL Grant _____	Fees _____
Spouse Contribution _____	NDSL _____	Books _____
VA Benefits _____	C.W.S. _____	Room _____
Social Security Benefits _____	Scholarship _____	Board _____
Welfare/AFDC _____		Travel _____
State Grants (SSIG) _____	Voc. Rehab. _____	Misc. _____
State Ind. Scholarship _____	TOTAL _____	TOTAL _____

We recommend that TAT consider awarding this student ----- \$ \_\_\_\_\_

Signature: \_\_\_\_\_  
Financial Aid Officer Date Telephone

Name of College \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Our School is in:  Semester  Quarter  Trimester  Other  
Financial Aid Office Distribution Original - TAT Yellow - FAO